



## Performance Correction Form

|                           |                                      |                                    |   |
|---------------------------|--------------------------------------|------------------------------------|---|
| Name:                     |                                      | Job Title:                         | Date:                                   |
| Supervisor:               |                                      | Team/Department:                   |   |
| <b>STAGE (Check box):</b> | <input type="checkbox"/> Verbal      | <input type="checkbox"/> Written   | <input type="checkbox"/> Final Written  |
| <b>TYPE (Check box):</b>  | <input type="checkbox"/> Performance | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Non-Compliance |

|   |
|---|
| Description of the Performance or Behaviour to be Corrected:              |
| <br><br><br><br><br><br><br><br><br><br>                                  |
| Client/Colleague/Other Complaints:  |
| <br><br><br><br><br><br><br><br><br><br>                                  |
| Expectations/Requirements (see more on the Performance Improvement Plan): |
| <br><br><br><br><br><br><br><br><br><br>                                  |
| Time Period to Achieve Expectations:                                      |
| <br><br><br><br><br><br><br><br><br><br>                                  |

|  |
|--|
| Follow-up Meeting Dates & Progress Milestones:                                     |
|  |
| Consequences for Failure to Improve or Achieve Performance/Behaviour Expectations: |
|  |
| Employee Comments:   |
|  |
| Supervisor Reply to Employee Comments  |
|  |

**Signatures**

**Date**

**Employee:** \_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

\_\_\_\_\_

**President:** \_\_\_\_\_

\_\_\_\_\_

Original: Employment File  
 Copy: Supervisor/Manager  
 Copy: Employee